

Humulin R U-500 (concentrated insulin human injection)

Member and Medication Information (required)		
Member ID:	Member Name:	
DOB:	Weight:	
Medication Name/ Strength:	Dose:	
Directions for use:		
Provider Information (required)		
Name:	NPI:	Specialty:
Contact Person:	Office Phone:	Office Fax:
FAX FORM AND RELEVANT DOCUMENTATION INCLUDING: LABORATORY RESULTS, CHART NOTES and/or UPDATED PROVIDER LETTER TO 855-828-4992		

Criteria for Approval: *(All of the following criteria must be met)*

- ☐ Member has diabetes mellitus and is being treated with a total daily insulin dose of 200 units or higher.

Chart Note Page #: _____

- ☐ Humulin R U-500 will not be used in combination with other insulins.

Chart Note Page #: _____

- ☐ The member and caregiver have been educated on safely administering this medication.

Chart Note Page#: _____

Re-authorization Criteria:

Updated letter with medical justification or updated chart notes demonstrating positive clinical response.

Initial Authorization: Up to six (6) months

Re-authorization: Up to one (1) year

Note:

- ❖ Patients using the HUMULIN R U-500 vial must be prescribed the U-500 insulin syringe to avoid medication errors.

PROVIDER CERTIFICATION

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

Prescriber's Signature

Date